

COULEE COMMUNITY HOSPITAL

CHARITY CARE (COMMUNITY ASSISTANCE) POLICY

POLICY:

No person in need of appropriate hospital-based medical services shall be denied services by Coulee Community Hospital based on the ability to pay. Charges for necessary health care that exceed a patient's ability to pay as determined by the Hospital and that are not covered by a third party payment source, such as Medicare or Medicaid, shall be considered uncollectible. If such determination is made by Coulee Community Hospital, the patient will qualify for Charity Care (Community Assistance) sponsorship until their financial status changes.

PURPOSE:

This policy shall provide guidelines, uniform procedures, and criteria for identifying patients who qualify for Charity Care (Community Assistance).

DEFINITIONS:

Appropriate hospital-based medical services - Those hospital services which are reasonably calculated to diagnose, correct, cure, alleviate, or prevent the worsening of conditions that endanger life, or cause suffering or pain, or result in illness or infirmity, or threaten to cause or aggravate a handicap, or cause physical deformity or malfunction, and there is no other equally effective more conservative or substantially less costly course of treatment available or suitable for the person requesting the service. For purpose of this section, "course of treatment" may include mere observation or, where appropriate, no treatment at all.

Ability to Pay - This shall be determined by Coulee Community Hospital and will be based on family size and gross family income per year.

Gross Family Income - Total cash receipts before taxes derived from wages and salaries, welfare payments, Social Security payments, strike benefits, unemployment or disability benefits, child support, alimony, and net earnings from business and investment activities paid to any family member within the same household.

Family - A group of two or more persons related by birth, marriage, or adoption who live together; all related persons are considered as members of one family regardless of age.

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Federal Poverty Level – Information published in the Federal Register and distributed annually by the Washington State Department of Health. (See Attachment A)

BASIC ELIGIBILITY CRITERIA

1. A staff member of Coulee Community Hospital must first determine if a patient has exhausted all other resources for payment of services, including third party coverage or sponsorship. Third party sources include Medicare and Medicaid, other insurance companies, other governmental programs, or settlements, judgments, or awards actually related to the negligent acts of others which have resulted in the medical condition for which the patient has received facility services. If all sources have been exhausted, the patient will be considered for this Charity Care (Community Service) Program.
2. All family parties within the same household as the patient, with a combined family income equal to or below 100% of the federal poverty standard, adjusted for family size, shall be determined to be indigent persons qualifying for Charity Care (Community Assistance). All hospital charges related to the appropriate hospital-based medical services received by any family members that are not covered by private or public third party payment, shall be considered as part of the Charity Care (Community Assistance) write-off.
3. All family parties within the same household as the patient, with a combined family income between 101% and 200% of the federal poverty standard, adjusted for family size, shall be responsible for that portion of his/her hospital charges that are not covered by public or private payment. The responsibility shall be adjusted to meet the following sliding scale:

<u>Income as percentage Of Federal Poverty level</u>	<u>Percentage Discount</u>
101 - 133 %	75%
134 - 166%	50%
167 – 200%	25%

This adjustment may be authorized by the Coulee Community Hospital Business Office Manager after taking into consideration the financial circumstances of the individual.

4. The provisions of this section shall apply to all services, including professional services, of the Coulee Community Hospital's medical staff. Professional services provided by visiting providers utilizing Coulee Community Hospital's facility, are not covered by these provisions.

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5. The Business Office Manager of Coulee Community Hospital will make all initial determinations of Charity Care (Community Assistance) eligibility, subject to final approval of write-off's by the Board of Commissioners.

PROCEDURES FOR APPLICATION

To qualify for Charity Care (Community Assistance), at Coulee Community Hospital, any of the following procedures may be used:

- 1) A patient may complete a Charity Care (Community Assistance) application form from Coulee Community Hospital. In completing this form, they must list sources of income and health care insurance coverage available to them. Coulee Community Hospital may require that the applicant apply for Public Assistance through Washington State, if applicable. Failure to apply for Public Assistance may result in the denial of Charity Care (Community Assistance).
- 2) The following items shall be considered sufficient evidence for the basis of final determination of Charity Care (Community Assistance) qualification, regardless of whether an application is received or not. Coulee Community Hospital may request any combination of these items in order to verify patient eligibility.

Payroll check stubs

W-2 withholding statement

Determination of Unemployment Compensation

Medicaid or Medicare rejection

Written statements from employers or welfare agencies

Income tax returns from the most recent years

A written verification from the patient specifying their income

A verbal verification from the patient specifying their income

Identification of the patient as an indigent person for obvious reasons as determined by any hospital personnel

- 3) Coulee Community Hospital will make every effort to have initial determination of qualification for Charity Care (Community Assistance), completed at the time of admission, or as soon as possible following the initiation of services to the patient. However, the Hospital can make this designation at any time upon learning of facts or receiving documentation as described in this section that indicates that the patient has family income equal to or below 200% of the federal poverty standard as adjusted for family size.

- 4) Coulee Community Hospital will notify any person applying for Charity Care (Community Assistance) of their final determination of qualification within fourteen calendar days of receiving their completed initial application with requested verifying documentation. In the event of a denial for Charity Care (Community Assistance), Coulee Community Hospital will notify the applicant of the reason for denial and will present them with an appeals procedure. All appeals will be forwarded to the Chief Financial Officer for a final decision, and must include any additional documentation that may indicate that a change in decision should be made. The applicant will have 30 days after the initial denial is made to file the appeal, during which time the Hospital will not initiate collection activities against the applicant.
- 5) If an applicant is denied Charity Care (Community Assistance) through the appeal process, the applicant and the Washington State Department of Health will be notified in writing of the decision and the basis for the decision. The Department of Health will also be provided with copies of documentation upon which the decision was based.
- 6) All information provided by the patient for qualification for Charity Care (Community Assistance) will be kept confidential. Copies of any documentation received that is used to support the application shall be kept with the patient's application.
- 7) Applicants receiving Charity Care (Community Assistance) will be re-evaluated for continuation on this program on an annual basis. At the time of re-evaluation, the patient may be asked for new documentation of annual income.

Signed _____
Chief Executive Officer

Date _____

Signed _____
Chief Financial Officer

Date _____

Signed _____
Business Office Manager

Date _____

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